

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005594

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 843 Primary Registration District No. 1000 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Length of stay in 1b <u>19 yrs</u>		Inside Limits <u>Yes</u> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1222 1/2 No. 2nd St.</u>		d. STREET ADDRESS (If outside, give location) <u>1222 1/2 No. 2nd St.</u>	
Inside Limits <u>Yes</u> No <input type="checkbox"/>		Reside on Farm <u>Yes</u> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>B</u> Last <u>GAREY</u>		4. DATE OF DEATH Month <u>February</u> Day <u>18</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>11/27/1894</u>
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>67</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	
11. BIRTHPLACE (City and state or country) <u>Tarkio Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>John A. Garey</u>		13b. MOTHER'S MAIDEN NAME <u>Celeste Dragoo</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mrs. Betty J. Werner</u> Address <u>Manhattan, Kan.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u> DUE TO (b) <u>Self inflicted hanging</u> DUE TO (c) <u>[redacted]</u> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>about 1 hr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>died rose to navel &amp; around neck</u> <u>stepped from chair</u>	
20c. TIME OF INJURY Hour <u>6</u> a.m. <u>pm</u> Month, Day, Year <u>2-18-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>
20f. CITY, TOWN, OR LOCATION <u>St Joseph Buchanan Mo</u>		COUNTY <u>Buchanan</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>ceased brother</u> and last saw him on <u>2-18-62</u> Death occurred at <u>Approx. 6:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>S.E. Melune MD Coronor</u>	
22b. ADDRESS <u>St. Joseph 8, Mo</u>		22c. DATE SIGNED <u>2-19-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. &amp; Burial</u>	23b. DATE <u>2/21/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Robinson Kansas</u>
24. FUNERAL DIRECTOR <u>Stammy Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 21, 1962</u>	
ADDRESS <u>St. Joseph, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Woodell</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles E. Bennett*

Licensed Embalmer No. 4677

P. O. Address

*St Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.